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Meeting Minutes
March 4, 2026
CALIFORNIA HEALTH WORKFORCE EDUCATION AND TRAINING COUNCIL (Council)

Members of the Council
Abby Snay, M.Ed.
Anthony Cordova, MBA
Arrickia McDaniel, EdD
Catherine Kennedy, RN
Cedric Rutland, MD
Deena McRae, MD
Erica Holmes, JD
Judith Liu, RN, MSN
Katherine Flores, MD
Kevin Grumbach, MD
Kimberly Perris, DNP, RN, CNL, PHN
Kristina Lawson, JD
Libby Abbott, MPH, MIA
Nader Nadershahi, DDS, MBA, EdD
Rehman Attar, MPH
Sushant Bandarpalle, DO
Van Ton-Quinlivan, MBA
Vernita Todd, MBA

HCAI Director
Elizabeth Landsberg, JD

HCAI Staff
Scott Christman, MPDS, Chief Deputy Director
Lemeneh Tefera, MD, Chief Medical Officer and Deputy Director for Clinical Innovation
Libby Abbott, Deputy Director
Marissa Enos, Assistant Deputy Director
Sharmil Shah, Behavioral Health and Policy Branch Chief
Hovik Khosrovian, Senior Policy Advisor
Jalaunda Granville, Policy Section Chief
Janis Herbstman, Legal
Nancy Samra, Health Program Specialist II
Andres Gonzalez, Health Program Specialist I

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Agenda Item 1 - Call to Order
Facilitator: Nader Nadershahi, Chair

Chairperson Nader Nadershahi called the meeting to order, welcoming in-person attendees and those attending virtually via Zoom, and reminding Council members about the expectations for virtual attendance.

Agenda Item 2 - Roll Call
Facilitator: Laurie Ahlf, HCAI Staff

Laurie Ahlf conducted the roll call and confirmed the presence of Council members. Quorum was confirmed.

Virtual Attendee(s): Deena McRae, Katherine Flores, Kristina Lawson, and Rehman Attar.

Absent Member(s): Cedric Rutland.

Agenda Item 3 - Approval of October 2025 Meeting Minutes
Facilitator: Nader Nadershahi, Chair

The Council unanimously approved the October 2025 meeting minutes without further discussion.

Motion: Nader Nadershahi moved to approve the minutes; Anthony Cordova seconded.

Abstention: Arrickia McDaniel, Erica Holmes, Judith Liu, and Libby Abbott abstained from voting.

Public Comment:

- There were no public comments.

Agenda Item 4 - HCAI Director Remarks
Presenter: Elizabeth Landsberg, Director, HCAI

Elizabeth Landsberg opened her remarks with HCAI's Black Liberation Statement,

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reaffirming the department's commitment to equitable distribution of state resources and addressing disparities impacting Black communities.

Elizabeth Landsberg welcomed new Council members, Libby Abbott, Sushant Bandarpalle, and Arrickia McDaniel and conducted a ceremonial swearing-in. Elizabeth Landsberg also recognized Erica Holmes attending her first in-person meeting and thanked former member Roger Liu for his years of service.

Elizabeth Landsberg provided an overview of the Governor's Proposed 2026-27 Budget, a $348.9 billion balanced budget that addresses projected shortfalls while maintaining $23 billion in reserves. Elizabeth Landsberg explained that the proposal includes $841 million to support several HCAI programs and initiatives. Elizabeth Landsberg added that the proposal begins the state budget process, which concludes with a final agreement between the Governor and the Legislature by June 30.

Elizabeth Landsberg shared an update on the Office of Health Care Affordability, including a new HCAI initiative, the Health of Primary Care in California Annual Snapshot, with the first report expected in Fall 2026 and an interactive dashboard to follow in 2027. Elizabeth Landsberg also referenced a November report examining high hospital prices at three hospitals in Monterey County, available on HCAI's website.

Elizabeth Landsberg also highlighted the Health Payments Database, noting that HCAI recently hosted three community partner webinars and has published eight public data reports to date, all available on HCAI's website. Elizabeth Landsberg also referenced California's recent launch of an insulin product to address affordability concerns.

Council Comments

- **Katherine Kennedy** asked how information about the insulin product will be communicated and made accessible. Elizabeth Landsberg responded that outreach will occur through a Patient Advisory Council, community partners, and social media. Elizabeth Landsberg also noted that some people have already made purchases and emphasized the importance of reaching uninsured individuals and those with high-deductible health plans.

- **Van Ton-Quinlivan** expressed appreciation for the mention of the Primary Care Snapshot and said it should motivate Council members to focus on primary care.

Public Comment

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- **Sean Kim (California Pharmacists Association)** emphasized that the conversation about insulin is important and noted that pharmacy distribution cannot happen without pharmacies and stressed the need to include this group in discussions.

Agenda Item 5 - HCAI Workforce Program Update
Presenter: Libby Abbott, Deputy Director, HCAI

Hovik Khosrovian presented on behalf of Libby Abbott and announced Council leadership updates, noting that Nader Nadershahi has assumed the role of Chair and Vernita Todd has assumed the role of Vice Chair.

Hovik Khosrovian provided an overview of HCAI's workforce strategy, highlighting focus areas including primary care, maternal health, behavioral health, nursing, and oral health, and shared updates on current and upcoming funding for scholarships, loan repayment, and organizational grants.

Hovik Khosrovian highlighted the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Workforce Initiative, which includes five Medi-Cal behavioral health programs: Student Loan Repayment, Residency and Fellowship Training, Scholarship, Community-Based Provider Training, and Recruitment and Retention. Hovik Khosrovian also shared demographic data on Student Loan Repayment awardees, including race and ethnicity, age, languages spoken, sex assigned at birth, and gender identity, and compared these to the overall behavioral health workforce and California population.

Libby Abbott shared updates on the Certified Wellness Coach program, including a two-year milestone of over 4,000 coaches statewide supporting children and youth. Libby Abbott also provided updates on the Song-Brown Registered Nurse Grant program, highlighting HCAI's application of nursing supply and demand modeling to guide funding decisions and prioritize investments when resources are limited.

Libby Abbott provided updates on Behavioral Health Services Act workforce funding and the five-year Workforce Education and Training (WET) Plan and emphasized efforts to build and sustain a culturally competent, client-centered behavioral health workforce. Libby Abbott concluded by highlighting opportunities for community engagement and collaboration for these initiatives through upcoming meetings.

Council Comments

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- **Nader Nadershahi** commended HCAI on Certified Wellness Coach milestones and other workforce investments and expressed appreciation for updates to research and evaluation efforts.

- **Anthony Cordova** expressed support for collaborating on the WET Plan and asked about funding opportunities to incentivize employers. Libby Abbott clarified that incentives are already built into HCAI programs, including the Certified Wellness Coach Employer Support Grant program and the Medi-Cal Behavioral Health Recruitment and Retention program, which provide funding to employers to support trainees and encourage hiring in targeted settings.

- **Katherine Flores** asked about the status of pipeline programs, such as the Health Professions Careers Opportunity Program, and how HCAI tracks whether providers remain in underserved areas. Libby Abbott said the Health Professions Pathways Program is being reintroduced through a partnership with Covered California and that National Provider Identifier (NPI) data will track practice locations for programs like Song-Brown and BH-CONNECT, with results expected by 2027.

- **Van Ton-Quinlivan** emphasized the importance of behavioral health supply and demand modeling and asked about increasing participation in programs with low award uptake. Libby Abbott said eligibility requirements can limit participation and that HCAI is improving outreach.

- **Catherine Kennedy** asked about Native American participation in the Certified Wellness Coach program and whether coaches are placed in schools. Libby Abbott said most coaches are placed in schools to support care teams. Eric Neuhauser confirmed there were seven Native American awardees during the last cycle.

- **Arrickia McDaniel** emphasized the need for non-traditional pathways to reach underserved students. Libby Abbott noted efforts to fund community-based organizations and alternative training pathways that provide mentorship, build skills, and connect students to workforce placements.

- **Kimberly Perris** asked about recruitment for Song-Brown Primary Care Residency programs and supervisor requirements for Certified Wellness Coaches. Libby Abbott said recruitment is handled by the programs, but HCAI can review opportunities, and that supervisor eligibility is broadly defined in the State Plan Amendment, which most campuses meet.

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Public Comment

- **Sean Kim (California Pharmacists Association)** highlighted that community-based pharmacies were not mentioned, noting pharmacists' essential role in care delivery, including early screening, counseling, and walk-in access, particularly in rural areas.

- **Sheri Coburn (California School Nurses Association)** raised concerns about shortages of school nurses and counselors, pointed out that current funding does not cover these roles, and noted that nursing residency programs lack training for school-based practice.

Agenda Item 6 - Maternal Health and Maternal Health Workforce Landscape
Presenter: Ariana Thompson-Lastad, PhD, University of California San Francisco

Ariana Thompson-Lastad presented a landscape analysis of California's maternal health workforce, with a focus on workforce diversity. Ariana Thompson-Lastad provided an overview of births in California by region, race and ethnicity, income and insurance type, and noted that while California has lower pregnancy-related death rates than the national average, significant racial disparities persist, with Black individuals experiencing higher rates of maternal morbidity. Ariana Thompson-Lastad also reviewed access to perinatal care, including services such as behavioral health, lactation support, physical therapy, and infant care, and noted that midwives remain underutilized despite correlations with improved outcomes. Ariana Thompson-Lastad highlighted ongoing access challenges, including labor and delivery unit and birth center closures that disproportionately affect rural and Latino communities.

Ariana Thompson-Lastad discussed postpartum care standards, noting that the United States typically measures care by a single visit, which most individuals receive, though rates are lower for Medi-Cal and uninsured populations, while other countries use multiple visits to assess care quality. Ariana Thompson-Lastad also provided an overview of the perinatal workforce, including provider roles, education, and licensing requirements, and shared data on workforce supply in California and nationally. Ariana Thompson-Lastad noted that some California counties lack obstetric providers and that certified-nurse midwives and family practice physicians are more likely to serve rural and high-need areas.

Ariana Thompson-Lastad outlined key workforce and system challenges, including provider maldistribution, limited data on active perinatal providers, gaps in workforce pipeline support, and constraints in payment model. Ariana Thompson-Lastad also identified broader system issues such as reimbursement challenges, lack of

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workforce diversity, limited investment, and provider burnout. Ariana Thompson-Lastad concluded by discussing federal policy changes that may impact perinatal care and workforce development, as well as recent state efforts and opportunities to improve maternal health outcomes in California.

Council Comments

- **Anthony Cordova** noted opportunities for community colleges to help address workforce gaps and asked what is needed to define clear pathways. Ariana Thompson-Lastad cited Cerro Coso Community College as an example and noted that community colleges in other states provide training for doulas and lactation consultants.

- **Katherine Flores** discussed the potential to create pathways from doula roles into nursing and midwifery and asked about coordination across family physicians, obstetricians, and midwives, including cultural and political challenges. Ariana Thompson-Lastad said these challenges persist and vary by institution, particularly in supporting providers to practice at the top of their scope.

- **Kristina Lawson** referenced a recent discussion at the California Medical Board on physician complaint data related to maternal mortality and noted efforts to work with HCAI and the Department of Health Care Services (DHCS) to better understand the issue and identify solutions.

- **Erica Holmes** described challenges in coordinating across maternal health providers and noted gaps in patient awareness of roles such as doulas. Erica Holmes also highlighted ongoing efforts at DHCS to improve collaboration between doulas and midwives.

- **Sushant Bandarpalle** asked about postpartum depression and whether data compares rates in the United States to other countries. Ariana Thompson-Lastad said there is no known comparative data but confirmed rates are high in the United States.

- **Catherine Kennedy** raised concerns about preventable postpartum deaths and linked these outcomes to early hospital discharge, which may contribute to postpartum depression.

Public Comment

- **Kim Dau (California Nurse-Midwives Association)** urged consideration of the

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underutilization of nurse-midwives and licensed midwives, noting scope of practice limitation and cultural barriers, and encouraged adoption of innovative care models.

- **Arielle Hernandez (California Nurses Association)** raised concerns about preventable maternal deaths, citing birth center and labor and delivery closures, hospital consolidation, and the need for targeted state investments based on demonstrated need.

- **Michele Monserratt-Ramos** emphasized the role of advocates in coordinating care and raised concerns about immigration enforcement affecting patients seeking care, asking what support is available for providers and patients.

- **Tina Tvedt Schaible** noted that obstetric unit closures in rural northern California are limiting nurse training opportunities and creating bottlenecks and encouraged consideration of innovative training models such as simulation centers.

Agenda Item 7 - Panel on Maternal Health Workforce Landscape
Facilitator: Hovik Khosrovian, Senior Policy Advisor, HCAI
Panelists: Candice Charles, MPH, Research and Evaluation Manager, California Coalition for Black Birth Justice; Sarah B. Garrett, PhD, Institute for Health Policy Studies, University of California San Francisco; Matthew Wanta, MSN, RN, Chair of Allied Heath Department, Cerro Coso Community College; Colleen Townsend, MD, Office of the CMO, Partnership Health Plan

Hovik Khosrovian facilitated a panel discussion on maternal health workforce needs and strategies to build and sustain the workforce serving birthing people.

Matthew Wanta highlighted the challenges facing rural and frontier communities, where most providers are concentrated in urban areas and many Critical Access Hospitals have closed their obstetrics units. Matthew Wanta highlighted the difficulty of recruiting students and finding preceptors, noting that online programs and compensating preceptors help expand access. Matthew Wanta also described workforce growth strategies, such as doula and lactation consultant programs, to allow individuals to enter the workforce quickly.

Colleen Townsend highlighted maldistribution of providers and challenges matching patients with culturally concordant providers. Colleen Townsend emphasized the drop-off in postpartum care when patients feel unseen and underscored the importance of integrated training across different professions and licenses to improve workforce readiness. Colleen Townsend also mentioned models, such as the Plumas

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Model, and the need for better support for teenagers and young adults pursuing maternal health careers.

Candice Charles emphasized the importance of a diverse workforce, including racial and lived experience concordance, and the critical role of midwifery and relationship-based care. Candice Charles discussed educational interventions to address racial bias, eliminating financial barriers for trainees from underserved areas, and supporting champions in communities statewide, citing examples like lactation consultant pathways at Charles Drew University and doula training in Kern County.

Sarah Garrett stressed that maternal health outcomes are affected by systemic racism, implicit bias, and hospital closures. Sarah Garrett highlighted the need for a home-grown perinatal workforce familiar with community factors, and the importance of supporting individuals already in communities through pipelines, community partners, and thought leaders to sustain and expand the maternal health workforce.

Council Comments

- **Nader Nadershahi** asked how success should be measured in improving maternal and child health outcomes. Matthew Wanta pointed to reimbursement challenges, noting current rates limit care delivery and vary by provider type. Colleen Townsend identified postpartum care access, including visit rates and provider vacancies, as key metrics. Candice Charles emphasized the importance of patient experience, including the ability to choose providers

- **Catherine Kennedy** emphasized the need to expand birth center services while ensuring access to hospital-based care when needed.

- **Abby Snay** asked about Cerro Coso Community College's Licensed Midwife Associate of Science degree program, including program length, prerequisites, clinical placements, and workforce demand. Matthew Wanta confirmed the program is a three-year associate's degree and noted ongoing challenges with clinical placements, preceptors, and navigating legal requirements. Matthew Wanta also highlighted the need for better data on licensed midwife demand and preparing graduates for self-employment.

- **Kevin Grumbach** raised broader structural issues, including reimbursement, facility closures, and systemic racism. Libby Abbott acknowledged these challenges extend beyond HCAI's direct authority and noted that upcoming strategy work, including the maternal health supply and demand model, will inform entities with decision-making authority.

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- **Van Ton-Quinlivan** supported innovative workforce strategies, including joint associate and bachelor's degree pathways and strengthening licensed midwife business models.

- **Kimberly Perris** suggested simulation training as a strategy to expand clinical placement capacity.

- **Vernita Todd** emphasized that reimbursement challenges should be addressed upstream as part of broader system issues.

Public Comment

- There were no public comments.

Agenda Item 8 - Introduction to Maternal Health Workforce Planning Project
Presenter: Lekisha Daniel-Robinson, Senior Researcher, Mathematica

Lekisha Daniel-Robinson presented an overview of the Maternal Health Workforce Planning Project, a collaborative effort between the California Health Care Foundation and HCAI. The presentation included a brief landscape overview of births in California, increasing maternity care deserts, fiscal pressures, and disparities in maternal health outcomes, as well as the range of providers involved across care settings.

Lekisha Daniel-Robinson outlined project goals to develop assumptions for a maternal health supply and demand model to assess workforce supply and anticipate future needs. The project will also inform strategies for recruitment, placement, and retention.

Lekisha Daniel-Robinson shared next steps, including formation of a Strategic Advisory Group to gather community partner input, and a project timeline from January to July 2026. Lekisha Daniel-Robinson noted planned activities, including community engagement, a literature review, and presentation of findings, and outlined key research areas, including provider types and factors affecting workforce supply, capacity, distribution, diversity, and demand across populations and care settings.

Council Comments

- **Van Ton-Quinlivan** asked about opportunities to upskill entry-level roles, such as

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community health workers and doulas, to create pathways for providers from the communities they serve and improve efficiency in recruitment and workforce development.

- **Anthony Cordova** raised the need for a statewide platform for clinical placement to move beyond siloed systems and develop a unified workforce registry.

- **Catherine Kennedy** asked whether nursing associations would be included in the Strategic Advisory Group. Lekisha Daniel-Robinson confirmed they would be.

- **Kimberly Perris** considered strategies to expand master's and doctorate nursing programs given federal loan caps.

- **Katherine Flores** emphasized that key informant interviews should be culturally focused, particularly in regions like the Central Valley, to understand how care is delivered, student motivations, and barriers to entering the field.

Public Comment

- **Tina Tvedt Schaible** noted that the discussion did not include the California Department of Public Health or reference to their Comprehensive Perinatal Services Program.

Agenda Item 9 - Oral Health Workforce Supply and Demand Model
Presenters: Eric Neuhauser, Researcher and Evaluation Branch Chief, HCAI; Chipo Maringa, Research Data Supervisor II, HCAI

Eric Neuhauser and Chipo Maringo introduced HCAI's upcoming oral health workforce supply and demand model. Eric Neuhauser provided an overview of the Research Data Center, which serves as the central source of health workforce and education data in California.

Chipo Maringa described the model's goals, approach, and expected outcomes, emphasizing the use of license renewal survey data to inform policy and resource allocation. Chipo Maringa also highlighted oral health access challenges, including high rates of tooth decay among third-grade children, poor dental health among adults, gaps in dental insurance coverage, and limited access to Medi-Cal providers.

Chipo Maringa and Jamilla Abugazia explained the methodology for forecasting

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workforce needs, including analysis of provider supply, types, demand by population group, and integration of primary data and evidence-based assumptions. Eric Neuhauser concluded that the model will provide a comprehensive workforce planning tool, including geographic analysis, identification of gaps, and metrics to track progress toward equity and state oral health goals.

Council Comments

- **Nader Nadershahi** commended HCAI for its work and emphasized addressing oral health needs in rural communities. Nader Nadershahi also noted that workforce data will make oral health deserts and needs more comparable to other health professions and raised questions about fully accounting for full-time equivalents and demand impacts.

- **Katherine Flores** highlighted shifts in work-life balance among students and asked whether HCAI has assessed part-time work to generate more realistic workforce projections. Eric Neuhauser noted that outreach to younger dentists has not occurred yet, though workforce percentages vary by county based on demand.

- **Kimberly Perris** noted that in Humboldt County, Delta Dental is the primary insurer, but most dentists do not accept that insurance. Eric Neuhauser explained that claims data alone does not reflect true need, and HCAI's approach focuses on estimating workforce requirements independent of billing patterns.

- **Anthony Cordova** expressed concern about poor oral health among young Californians and asked how to be more proactive in schools, including integrating dental hygienists into school health systems. Anthony Cordova also noted that California community colleges are expanding baccalaureate programs to support the supply of dental professionals and offset program costs.

- **Catherine Kennedy** highlighted low Medi-Cal reimbursement for dental care and urged state investigation, emphasizing oral health's impact on overall health outcomes, including emergency department visits.

- **Abby Snay** described her work with the California Dental Association to develop partnerships with community-based organizations to support six-month dental assistant programs. Abby Snay offered to connect others interested in learning more about these programs.

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- **Tooka Zookaie (California Dental Association)** asked about Current Dental Terminology (CDT) codes and timing of data release. Chipo Maringa confirmed use of comprehensive CDT codes, and Eric Neuhauser said projections will use 2014 to 2025 data, with a dashboard release expected this year and updates to follow.

- **Susan McLearan (California Dental Hygienists Association)** emphasized the role dental hygienists play in expanding preventive services and addressing access gaps.

Agenda Item 10 - California's Rural Health Transformation Program
Presenters: Hovik Khosrovian, Senior Policy Researcher, HCAI; Lemeneh Tefera, MD, Chief Medical Officer and Deputy Director for Clinical Innovation, HCAI

Hovik Khosrovian and Dr. Lemeneh Tefera presented an overview of the California Rural Health Transformation Program. Hovik Khosrovian described the scale of rural California, noting 2.7 million rural residents, rural areas in 57 of 58 counties, and most of the state classified as rural. Hovik Khosrovian also outlined federal funding changes and described the program's role in advancing sustainable access, workforce development, and use of innovative care models and technology. Hovik Khosrovian noted California received $233.6 million in federal funding, the third highest total nationally but lower on a per capita basis.

Dr. Lemeneh Tefera described community engagement efforts and key priorities, including building a connected and resilient rural health system supported by workforce, technology, and data infrastructure. Dr. Lemeneh Tefera explained that the program will use a hub-and-spoke model, expand evidence-based care, and strengthen workforce capacity through training, new clinical roles, and community-based approaches. Hovik Khosrovian also outlined workforce strategies, including planning tools, training pathways, clinical placements, and retention efforts.

Hovik Khosrovian and Dr. Lemeneh Tefera highlighted program investments in technology, infrastructure, and regional collaboration, including funding opportunities for applicants. Hovik Khosrovian outlined a timeline pending federal approval in 2026, with applications expected in Spring 2026 and funding beginning later in 2026. Program implementation will span fiscal years 2026 through 2030, with ongoing community partner engagement, technical assistance, and program development.

Council Comments

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- **Van Ton-Quinlivan** asked whether five percent of funding is allocated to tribal communities and raised concerns about the timeline for implementation. Hovik Khosrovian confirmed the allocation and explained that annual Centers for Medicare and Medicaid Services (CMS) scoring, based on demonstrated progress, drives the expedited timeline and future funding levels.

- **Katherine Flores** commended the rapid turnaround and comprehensive approach, noted significant CMS oversight requirements, and asked where presentation materials are available. Hovik Khosrovian confirmed materials are posted on the HCAI website.

- **Vernita Todd** asked if the $233.6 million represents total funding for the year and whether grantees can apply for multi-year funding. Hovik Khosrovian confirmed the amount reflects the first year and noted opportunities for multi-year projects.

- **Anthony Cordova** supported early intervention and career exploration, including engagement beginning in middle school, and emphasized the importance of increasing student engagement.

- **Abby Snay** supported workforce pipeline efforts and encouraged expanding participation across a range of professions to address workforce gaps.

Public Comments

- **Tina Tvedt Schaible** asked whether funding for transformative care models supports single entities or collaboratives. Dr. Lemeneh Tefera said participation may include both, with technical assistance provided to ensure alignment with program goals.

- **Arielle Hernandez (California Nurses Association)** urged HCAI to strengthen the nursing pipeline by supporting Associate Degree of Nursing programs at community colleges and called for funding to help recent graduates enter practice and remain in their communities.

- **Jennifer Burrows (Sierra Jobs First)** asked whether collaborative projects, such as small rural hospitals jointly investing in an electronic health record system, would be eligible. Lemeneh Tefera said the concept aligns with programs goals, but funding decisions will depend on statewide needs and trade-offs identified through the environmental scan.

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Agenda Item 11 - Meeting Reflections
Facilitators: Nader Nadershahi, Chair; Vernita Todd, Vice Chair

This item was not discussed due to time constraints.

Public Comments

- There were no public comments.

Agenda Item 12 - General Public Comment
Facilitator: Nader Nadershahi, Chair

Public Comment

- **Asha Vitatoe (Mentoring Medicine in Science)** emphasized the importance of quality early exposure opportunities and noted that funding partnerships can help bring underserved and rural communities into the workforce.

- **Matthew Wanta (Cerro Coso Community College)** asked about standardizing community health worker programs. Libby Abbott explained that HCAI no longer has funding for a standardized curriculum but used remaining resources to establish best practices, which will be posted on the website.

Agenda Item 13 - Adjourn Meeting
Facilitator: Nader Nadershahi, Chair

The meeting was adjourned at 4:30 PM.